



San Diego's "6 to 6"
Extended School Day Program
Application for Enrollment
2006-2007 School Year

To be considered during the initial review and enrollment process, this form must be postmarked by April 14, 2006 and mailed to:

To receive confirmation that your application has been received; please provide a self-addressed stamped envelope with the application.

Please **PRINT** and fill out this form completely and legibly.
Incomplete or illegible applications will not be considered.

This form is applicable for all family members attending the school named on line 2.

IF FAMILY MEMBERS ATTEND MORE THAN ONE SCHOOL, SEPARATE APPLICATIONS MUST BE COMPLETED FOR EACH SCHOOL.

1. School child (ren) currently attend: _____
2. School child (ren) will be attending next year, the 2006-07 school year: _____
3. Name of child (ren) applying for the 2006-07 school year: _____

Child #1 _____ Date of Birth _____ Grade in Sept. 2006 _____

Child #2 _____ Date of Birth _____ Grade in Sept. 2006 _____

4. Name of parent/legal guardian completing application: _____
5. Daytime phone: (____) _____ Evening phone: (____) _____
6. Home Address: _____ City: _____ Zip Code _____
7. Is your child (ren) currently enrolled in, or on the 2005-06 waiting list (as of March 1, 2006) to attend San Diego's "6 to 6" Program? ☐ Yes ☐ No
8. Is your child (ren) eligible for Free or Reduced Cost Meals through the school? ☐ Yes ☐ No
(This may be verified through your child (ren)'s school.)
9. Number of parent/legal guardians living with child (ren)? ☐ 1 ☐ 2
10. Are all parents/legal guardians living with child (ren) Full-Time employees (40 hours) or Full-Time students (12 units) or providing foster parent services to the child (ren) listed above? ☐ Yes ☐ No

(The following table must be filled out completely and will be verified.)

| Name of Parent/Legal Guardian | Name of Employer, School, or Foster Service Agency** | Verification Phone # or Student ID # |
|-------------------------------|--|--------------------------------------|
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** If self-employed, please include your Business Tax Certificate Number, Federal ID Number, Business License Number, or a copy of your 2005 - 1099.

11. Has your child (ren)'s school recommended them for academic assistance? Yes ☐ No ☐
12. Would your child (ren) attend...? ☐ Before school only* ☐ After school only ☐ Before and After school*
13. **Full- time attendance** is required for enrollment. (Elementary 5 Days/week; Middle 3 Days/week-minimum) ☐ Agree

*A.M. programs are available at most, but not all, sites, and start times vary among sites. Please check with your provider to confirm A.M. availability.

If fewer than 30 children apply for service in an existing A.M. program, the A.M. program may be cancelled.

I certify that all of the information provided above is true and correct. I understand that San Diego's "6 to 6" Program may verify any information provided on this form. I further understand that falsifying or omitting any of the above information may disqualify my child (ren) from receiving San Diego's "6 to 6" services. I understand that space is subject to funding and that completing this form does not ensure my child (ren)'s enrollment in San Diego's "6 to 6" Program.

Signature of Parent/Legal Guardian completing application

Date

Received: _____
Date/Initials

Verified: _____
Date /Initials